



**Final Minutes of the State Board of Health
January 14, 2015**

Department of Health, Point Plaza East, Rooms 152/153, 310 Israel Road S.E., Tumwater, WA 98501

State Board of Health members present:

Fran Bessermin
Keith Grellner, RS, Chair
Stephen Kutz, BSN, MPH
Thomas Pendergrass, MD, MSPH

James Sledge, DDS, FACD, FICD
John Wiesman, DrPH, MPH
The Honorable Donna Wright
Diana T. Yu, MD, MSPH

State Board of Health members absent:

State Board of Health staff present:

Michelle Davis, Executive Director
Melanie Hisaw, Executive Assistant
Christy Hoff, Health Policy Advisor
Robert Amy, Health Policy Intern
Sierra Rotakhina, Health Policy Analyst

David DeLong, Health Policy Advisor
Tara Wolff, Health Policy Advisor
Lilia Lopez, Assistant Attorney General

Guests and other participants:

Robin Fleming, Office of Superintendent of Public Instruction (OSPI)
Ann Clifton, Mercury Awareness Team
Cathy Wasserman, Department of Health
Drew Bouton, Department of Health
Tami Thompson, Department of Health
Kristin Peterson, Department of Health

Keith Grellner, Board Chair, called the public meeting to order at 9:02 a.m. and read from a prepared statement (on file) and facilitated introductions of Board members and staff.

1. APPROVAL OF AGENDA

***Motion:** Approve January 14, 2015 agenda*

***Motion/Second:** Member Pendergrass/Member Sledge. Approved unanimously*

2. ADOPTION OF NOVEMBER 12, 2014 MEETING MINUTES

Lilia Lopez, Assistant Attorney General, suggested 3 changes regarding the OPMA law. 1) page five, first paragraph, four lines down, where it says, the phrase “public records” can be stricken and it can just say “subject to the law” that we were talking about. 2) in the third paragraph, it should say “subcommittee conducts” (not partakes). 3) and it should say, “takes public testimony or comment.”

***Motion:** Approve the November 12, 2014 minutes*

***Motion/Second:** Member Pendergrass/Member Bessermin. Approved unanimously*

Thomas Pendergrass, Board Member, said that the Open Public Meetings was a good training.

3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director

Ms. Davis congratulated Keith Grellner on his appointment as chair, effective December 1, 2014. She directed the Board to the materials under tab 3. She reported the Board submitted a letter of support for

the Department's efforts to increase access to healthy affordable food and its submission of a proposal to the Food Insecurity Nutrition Incentive Block (FINI) Program. The letter offered in-kind contributions of staff and board member time. She thanked Fran Bessermin, Board Member, for her willingness to serve as the Board's representative to the department's FINI advisory network.

Ms. Davis announced that project two staff would be providing additional support through April, Kelly Gilmore will be supporting the Board's Health Impact Review work and Mike Glass will be assisting in the evaluation of the Board's Newborn Screening criteria. She announced that Robert Amy's internship had concluded and thanked him for his work. The funding for additional staffing was available due to a staff vacancy earlier in the fiscal year. Ms. Davis directed the Board's attention to the Washington State Association of Local Public Health Officials legislative priorities (on file), and reported on her attendance at the State of Reform Health Care Policy Conference at SeaTac.

4. DEPARTMENT OF HEALTH UPDATE

John Wiesman, Secretary of Health was introduced by Keith Grellner, Board Chair.

Secretary Wiesman said they are meeting with Senate Health Care tomorrow, 1/15/15. He said pace has picked up with legislative session. He announced that HCA and the state received the Healthy Washington grant for \$65 million/4 years. The grant starts February 1. The first year will be a planning year with full implementation and testing of models in years 2-4. A lot of different people across agencies and with partners participated in the application. Secretary Wiesman said he will serve on a small group of cabinet leaders who will have oversight and monitoring with Kevin Quigley, Dorothy Teeter, Bob Crittenden, and Andi Smith from Governor's Policy Office (Human Services). Also, a broader group of stakeholders will provide advice re: communicable disease. Secretary Wiesman provided an update on the listeriosis outbreak. Two clusters in 2014, one involving caramel apples and another involving ice cream. Multistate listeria outbreak involving prepackaged caramel apples – 11 states – Washington has had one case in Thurston County the child is now home and recovering. CDC is recommending that no one eat prepackaged caramel apples until further guidance is available. Some apple growers have voluntarily recalled apples – Washington apples are not affected. There was also a statewide outbreak linked to Snoqualmie gourmet ice cream. Secretary Wiesman said this was a great example of the healthcare system, and public health laboratory and epidemiology working well, resulting in a voluntary recall of ice cream.

Secretary Wiesman reported on seasonal influenza and highly pathogenic avian influenza. Influenza is widespread in Washington – we are likely at the peak of an outbreak. There have been 22 lab confirmed deaths in Washington; most recently a 5-year old. Secretary Wiesman talked about how we need to have a stronger reaction to cases and deaths from a preventable disease. He again stressed the need for vaccination. He also stressed the need for antiretroviral medicine for those with the flu and at high risk. He asked Diana Yu, Board Member if she wanted to add anything – Member Yu emphasized the need for flu shots, and reminded everyone to cover your cough, wash your hands, and stay home when you're sick. Member Yu said the deaths have been due to complications from the flu, not the flu itself. Member Pendergrass said people with persisting fever, progressive respiratory distress (coughing more and more) – are the folks who need to seek care. Tamiflu is most effective within first 24 hours, not as effective afterwards. Secretary Wiesman said there are no shortages of Tamiflu as there were some rumors of such.

Secretary Wiesman addressed the highly pathogenic avian influenza A (ie bird flu). There are 4 confirmed in birds -- 2 in Whatcom county; one in a domestic falcon flock and a second in a wild duck. The last week of December, Benton County had a mixed flock of birds and the following week in a second backyard flock. Both flocks were culled by WSDA and a joint incident command (federal-state Agricultural agencies). DOH is a part of it along with CDC and Dept. of Fish and Wildlife. They provided guidance on vaccine for those in high contact. There have been no human cases. Member Pendergrass said this is an example of high risk exposures. He said that pet stores and vets need to think

about prophylaxis. Low risk in backyard settings, but those people need to be thoughtful. Member Yu said that she once created a tabletop exercise of a poultry worker who caught it from a bird and became patient zero in an outbreak.

Secretary Wiesman commented on the Governor's Budget – he is pleased. All agencies were asked for a 15% reduction. He said the Governor's budget for health restored most of the reductions the agency put forward. It did not buy back genetic screening services, area health education centers, and one other piece. The budget added communicable disease new funding (9.1 million), which is related to foundational health services work. Secretary Wiesman stressed that we can't continue to go from crisis to crisis. The budget added \$3 million for tobacco and e-cig prevention. It added \$1 million to continue Healthiest Next Generation work in collaboration with DEL and OSPI. He said they have pulled together a health agenda across the agencies and budgets, and that he's excited about this work as it emphasizes "health" in all policies approach. He will bring the handout back after lunch. The Governor's budget asks for significant revenue. He commented on the toxics reduction package to give Ecology and Health more authority to identify toxics that are not regulated under the clean water act. He recommended to see if there are alternatives and develop chemical action plans to reduce use of those chemicals. This is about keeping those chemicals out of the environment to begin with.

5. SELECTION OF THE VICE CHAIR

Keith Grellner, Board Chair, said the vice chair is appointed from remaining members. Their main duty is to back up the Chair. He asked for discussion.

***Motion:** Appoint Member Pendergrass to serve as Vice Chair*

***Motion/Second:** Member Yu/Member Sledge. Approved unanimously*

Member Pendergrass said he would be honored to serve. Chair Grellner supports the recommendation.

The Board took a break at 10:01 a.m. and reconvened at 10:25a.m.

6. PUBLIC TESTIMONY

Ann Clifton, Mercury Awareness Team of Washington State, referred the Board to the testimony she gave at the November meeting concerning whistleblowers, specifically William Thompson from the CDC regarding a 2004 study and the omission of data regarding the impact of MMR vaccination on males under 24 months of age. Ms. Clifton also referenced statements made by whistleblowers from Merck and data regarding efficacy of mumps. Her organization's position is that measles and mumps should not be combined in the MMR vaccine. Ms. Clifton provided two handouts to Board (on file). She expressed that the Mercury Awareness Team would like to ban thimerisol from all vaccines.

7. DEPARTMENT OF HEALTH LEGISLATIVE REQUESTS

John Wiesman, Board Member and Secretary of the Department of Health, Drew Bouton, Department of Health and Kristin Peterson, Department of Health. Mr. Bouton walked Board members through the Department's legislative agenda under tab 7. This agenda includes bills addressing E-cigarettes/vaping devices which includes a number of provisions including language that works to fill a loophole in current law that allow minors to purchase vaping devices if they are not sold with the nicotine as well as language to limit use of vaping devices on school property. This bill also seeks to increase the penalties for selling tobacco products to minors.

Chair Grellner asked if the bill would address e liquids of any kind. Mr. Bouton indicated that the bill does address e-liquids of any kind, not just those that contain nicotine. Chair Grellner indicated that at the local level they have observed vape shops that allow vaping inside and that they cater to the 18 to 21 year olds who cannot get into bars, creating a gateway. Mr. Bouton highlighted that the bill will also restrict internet sales of these products to minors as well as creates some regulation of ingredients in

these liquids. Member Yu asked if the bill would prohibit youth from entering the vaping stores. Ms. Peterson indicated that the bill does not include a provision restricting youth from entering these stores. Mr. Bouton indicated that the bill does limit sampling (for all ages) of these products.

Mr. Bouton indicated that one of the bill's goals was to allow local jurisdictions to maintain current ordinances that they currently have. Ms. Davis clarified that the fact sheet that board members have indicates that the bill would limit individuals under 21 from purchasing these products but that it sounds like a more recent version of the bill is 18 years.

Ms. Peterson indicated that the newest version of the bill limits sales only to those under 18 years. Member Yu clarified that the Department's bill originally considered modifying the age for purchasing tobacco to 21 but that the bill does not include this provision. Ms. Peterson indicated that this is correct but that the Attorney General is requesting legislation to increase the age for tobacco sales to 21.

Mr. Bouton next outlined the House Bill 1135, Education-based practice Remediation for Licensed Health and Health-related Professions. He used the example of inadequate chart notes. He indicated that this bill will allow them to work with providers to correct inadequacies in a way that will not create a permanent disciplinary record. Member Yu asked if DOH or the different quality insurance commissions would be in charge of doing this. Mr. Bouton indicated that it would be the commissions. Secretary Wiesman indicated that this bill is intended to address cases that are not currently resulting in discipline that may still need some response such as process improvement or education. Cases that are currently receiving discipline would continue to go through the current process. Mr. Bouton expressed that these will be issues that come up in the course of investigation.

Mr. Bouton outlined another bill that would provide the Department with authority to collect fee of \$20 a year to credential pharmacists. He indicated that they also have a minor technical change to the definition of certified counselors and advisors. The statute currently references the DSM4 which is now superseded by DSM5. He then outlined a bill that would create fee for biotoxin testing of shellfish. He indicated that they are now testing for a new biotoxin, Diarrhetic Shellfish Poisoning, which has created a need for additional funding.

Mr. Bouton outlined a bill to require local health jurisdictions in the Puget Sound area to charge a \$30 fee to all septic system owners in their counties to fund septic system programs at the county level. The bill also creates a low-interest loan program for homeowners to repair or replace on-site sewage systems. Member Wright asked about how the bill would work for urban residents who are on septic. Mr. Bouton indicated that the bill would apply to all septic systems in the county.

Mr. Bouton described a bill intended to increase efficiencies of state drinking water revolving fund. They have determined that if DOH took on full administration of the program they could save significant money due to efficiencies. These savings could then go back into the loan program. Member Pendergrass if the bill this applied only to Class A water systems. Ms. Cooper confirmed that the bill would only apply to Class A systems.

8. ADOPTION OF 2015 LEGISLATIVE STATEMENT

Ms. Davis referred members to materials behind Tab 8. She encouraged members to think about WSALPHO's legislative priorities and the Department's requests. She reminded the board that this is a 105 day session slated to conclude on April 26. She anticipates the focus will be on developing a balanced budget. Last week at a policy conference Governor's policy staff emphasized a focus on transportation, education, and the environment. She also highlighted some of the perspectives and issues of importance from two legislative panels at a last week's policy conference. She asked members to look at the draft legislative statement. Based on Board policy, members and staff may communicate with the legislature on bills related to Board authority or those directly related to Board priorities outlined in the strategic plan

or legislative statement of the Board. She said she received light edits and comments from Board members and reviewed those edits and suggestions.

Member Yu asked if drug delivery devices be included rather than just e-cigarettes. Also under substance abuse, she said prescription drug use is going down but there is a resurgence of heroin and other opiate use. She said she would also support legislation that made Naloxone, the rescue medication for opiates, more accessible. Ms. Davis suggested the Board consider a change in language to reflect “alcohol and drug misuse and abuse”. Member Yu said people unintentionally overdose for different reasons, including differences in product strength out there. She said you can get a prescription and get it at a pharmacy and have on hand to use in emergency situations. Secretary Wiesman asked if there were other medical or other value to the drug. Member Yu said it did not have other use and it didn’t make the user high. Secretary Wiesman and Chair Grellner said they too would support. Ms. Davis suggested language to support increased access to Naloxone to prevent accidental overdose deaths. Member Bessermin asked for clarification if it worked for other drugs or alcohol and Member Yu clarified that it was for opiates specifically. Ms. Davis said the smoking/tobacco statement would reference vaping and drug delivery devices. Member Yu asked for clarification inquired about the school rule, and Ms. Davis confirmed that it is still suspended within the budget. Chair Grellner said the EH committee will take up the discussions to see if there are any options related to the rule implementation. Ms. Davis said we should encourage local health to work with schools to implement the existing rules. Member Yu agreed—she said she wanted to honor the legacy of the members who cared passionately about the school rule and said that she wanted to see it come to fruition whether through legislation or other means. Member Pendergrass said it is a difficult issue because of school capital budget issues. Secretary Wiesman suggested that after session, the Board might want to reexamine the issue. Ms. Davis said the Board would need to take action in March to delay the implementation again. In the meantime staff will watch the budgets to see if the proviso remains in the budget. Chair Grellner said David Delong, Board Staff, is a good resource on the implementation of the school rules and emphasized how we can make improvements by using the old rule better. Ms. Davis asked for confirmation that the statement was written in such a way that they could also support WSALPHO and DOH priorities. Ms. Davis said she will send the Board periodic updates on session and will reach out to members to obtain their guidance and advice. She asked members to share information that they learn through their networks as well. She also clarified procedures and definitions related to providing technical assistance vs. lobbying.

Motion: *The Board adopts the Statement of Policy on Possible 2015 Legislative Issues as amended on January 14, 2015.*

Motion/Second: *Yu/Pendergrass. Approved unanimously*

9. UPDATE – DEPARTMENT OF HEALTH RULE REVIEW

Secretary Wiesman introduced Tami Thompson, Department of Health. Ms. Thompson said that the Department is tasked with reviewing the Department’s rules every five years. Although the Board is not included in the statute requiring this rule review, the Board voluntarily participates in this informal rule review, due to the close working relationship between the agencies. Statute requires the reviews be done within existing resources. Any time that a rule is opened for rulemaking, the Department reviews the rule. The Department is required to report on the review status twice a year. Ms. Thompson provided the Board with a document outlining Department of Health and Board of Health rules as well as the current status of these rule reviews under Tab 9.

Ms. Davis reminded the Board that they received an update on the status of some of these Board rules in June and August. From these meetings that Board decided that each committee would alert the full board when there is capacity to review these rules. Ms. Thompson indicated that in six months she would return to brief the Board on any status changes.

The Board recessed for lunch at 11:46 a.m. and reconvened at 1:35 p.m.

Chair Grellner indicated that they would like to revisit Agenda Item #8, adoption of the 2015 legislative statement, later on during this meeting (see * below, under Item 10).

***Motion:** The Board moves to revisit and consider Agenda Item #8 re: the Statement of Policy on Possible 2015 Legislative Issues as amended on January 14, 2015.*

***Motion/Second:** Bessermin/Pendergrass. Approved unanimously*

10. HEARING: UPDATING REFERENCES TO COMMUNICABLE DISEASE MANUAL (WAC 246-100-021, 246-100-036, WAC 246-138-030 AND WAC 246-215-02245)

Chair Grellner read a statement (on file) announcement the rules hearing. Dr. Diana Yu, Board Member, indicated that the Board has authority under chapter 43.20 RCW to adopt rules for the control of communicable disease. She indicated that at the November meeting, the Board decided to open the communicable disease rule to update outdated references to the communicable disease manual.

David DeLong, Board Staff, directed Board members to the materials under Tab 10. He indicated in addition to the technical change referencing the manual that they also changed some language to encourage local health to seek out agreements with other agencies. Mr. DeLong reviewed the proposed changes to the rule. Mr. DeLong summarized public comments (summarized under Tab 10). One comment asked for additional references to ensure that health care professionals consider the unique epidemiology of rabies in Washington State when treating animal bite wounds. Staff recommended this issue was beyond the scope of this rulemaking and should be considered during the rule review, scheduled for later this year.

Steve Kutz, Board Member, indicated that the component encouraging local health to establish agreements with the tribes is complicated because some tribes run their own health centers and others have health centers operated by Indian Health Services. Member Yu asked Member Kutz if Indian Health Services is providing the care for the tribe, are they considered the agent of the tribal government. Member Kutz said that they are not. He then gave additional detail on the interaction between tribes and Indian Health Services.

Member Yu indicated that the intent of this section of the rule is to encourage local health to work with tribal governments in order to keep communicable diseases under control.

Member Kutz expressed that during H1N1 the tribal governments got their vaccine from the federal level, which may not always be completely aligned with the system in the state. He indicated that the interaction between Indian Health Services and tribes complicates the relationships needed for effectively working to control communicable disease on tribal members and on tribal land. Member Pendergrass indicated that he was reading section 4 in a way that it does not preclude the actions and relationships that he mentioned. Member Wiesman indicated that this is meant to address government-to-government relations that, for example, will allow the local health officer to quarantine an individual on tribal land. Member Yu indicated that she had an experience with communicable disease on tribal land and she did not have jurisdiction as a local health officer. She received approval from the tribe to work on tribal land. She commented that WAC 246-100-020 relating to rabies. She indicated that in Washington state we have a protocol that is slightly different than what is included in the communicable disease manual which is what one of the comments relates to. She indicated that this is beyond the scope of this rule update and that they will need to come back to the rule again to make this type of change.

Member Yu expressed that she does not like when they have to go back to update a rule in order to update the rule to reflect a new version of a reference document. Member Pendergrass agreed. Member Kutz indicated that there might be a way to approach this differently. Member Yu expressed the concern that best current health practice may not be compliant with the document referenced and departments following current practice would not be following the rule.

Lilia Lopez, Assistant Attorney General, indicated that they must continue to update the versions of reference documents and that there might be some alternatives but that they could carry some risks. Ms. Davis indicated that because the legislature has granted the Board the authority to adopt these rules, not a federal or other body that they may be referencing. If they write into rule that they will be referencing the most recent version of a document that this is in essence deferring rulemaking authority to that federal body.

Member Kutz indicated that this document is not updated annually but rather every 5 or 6 years and that there are changes in practice that happen between updates.

Motion: *The Board adopts the proposed updates to reference the Control of Communicable Diseases Manual, 20th edition in WAC 246-100-021, WAC 246-100-036 and WAC 246-215-02245. The Board recommends the Department of Health adopt a similar update for WAC 246-138-030 to assure consistency throughout Title 246 WAC.*

Motion/Second: *Pendergrass/Yu. Approved unanimously*

No members of the public signed up to testify on this topic.

***Revisit of agenda Agenda Item 8:**

Member Yu expressed that nutrients are not just from large commercial keeping of animals, but also the spraying of biosolids and other agricultural practices, not necessarily related to the keeping of animals. Member Kutz indicated that over-fertilizing is another contributor. Member Yu expressed that she did not want to limit the sense of the board to keeping of animals. Member Yu proposed the following language: “The Board is concerned about the impact nutrient management operations may have on water, air, land, and public health. We support legislation that will address and mitigate these negative impacts.” She indicated that this may need some rewording but that the intent is there.

Member Pendergrass indicated that we always want our statements to be as flexible as they can be. That it is not just nutrients from agricultural but also from government, from spills, and from anything else that pollutes our environment. Ms. Davis indicated that this concern is based on the Board panel discussion at the June 2014 meeting.

Motion: *Amend the 2015 Statement of the Board to include: “The Board is concerned about the impact nutrient management operations may have on water, air, land, and public health. We support legislation that will address and mitigate these negative impacts.”*

Motion/Second: *Besserman/Pendergrass. Approved unanimously*

11. BRIEFING ANENCEPHALY CLUSTER INVESTIGATION

Dr. Diana Yu, Board Member provided background information on anencephaly, a rare but serious birth defect. Over the past few years, an increased number anencephaly births was noted in a few counties in central Washington. She introduced Cathy Wasserman, State Epidemiologist for Non-infectious Conditions at Department of Health to present an update to the board on the department’s investigation and activities regarding this issue. Cathy Wasserman’s presentation (on file behind Tab 11) gave more detail about anencephaly, a universally fatal neural tube defect resulting when the neural tube fails to

close during the first 28 days of pregnancy. Other neural tube defects include spina bifida and anencephalocele. Causes of anencephaly are thought to be multi-factorial with risk factors including insufficient levels of folic acid, obesity, and diabetes among others. The increase in anencephaly was brought to the department's attention by a health care provider in 2012. The department's investigation included assistance for local health jurisdictions and the CDC. The investigation tried to identify all cases on neural tube defects within an investigation area defined as Yakima, Benton, and Franklin counties. The department conducted active surveillance to identify all cases in the three county area, and found 27 cases from Jan 2010-Jan 2013, including 23 cases of anencephaly. A rate of 8.4/10,000 births in the three county area was a fourfold increase over the national rate of 2.1/10,000 births. A case-control comparison study was used to look for exposures, including consideration of the water supply (public/private) and possible nitrate exposure. No statistically significant exposure was found, though the small numbers of cases in this study have low statistical power. An examination of PRAMS data indicated that women in the three county area have a lower level of early folic acid use than other women in the state. The study looked at possible case clusters in time, and by season, by geographical location, by ethnicity and found no statistically significant associations. The department is continuing to collect data; the most recent data (through last Friday) identified 53 cases of NTB, of which 38 are anencephaly.

The Department held listening sessions and convened an advisory committee to help with the department's three goals: surveillance, investigation and prevention. The advisory committee's action plan is posted on the Department's web site. Member Yu asked if they looked at mother's occupation. Ms. Wasserman said they did look at occupation for the original case control study and did not identify any high-risk occupations. Member Kutz asked if they looked at income. Ms. Wasserman said they did and did not see significant differences. They are currently in the process of contacting mothers to conduct interviews using the National Birth Prevention Study questionnaire. She highlighted the prevention messages they are sharing – folic acid for women of child bearing age, testing well water for bacteria and nitrates, preconception health, and early prenatal care. She discussed their communication strategies with providers and the general public. She said advisory committee members have asked about corn masa fortification. She said the March of Dimes has requested that the FDA allow for fortification of corn masa flour. She said FDA is concerned about stability and they are currently working to find researchers to conduct the study.

Member Pendergrass said he appreciates how difficult these types of studies are. He suggested comparing Yakima, Benton, and Franklin to (Douglas and Skagit counties) other largely Hispanic, agriculturally-based counties. He agreed that folate should be added to corn masa flour. Member Kutz asked if there were any differences based on other listed risk factors or with delay of onset of prenatal care – Ms. Wasserman said she would check and get back to him. Member Yu asked if there were a higher rate of spontaneous abortion/miscarriage in those counties. Ms. Wasserman said they were higher. Member Pendergrass suggested reminding providers that there is a fetal autopsy service in Washington.

12. REQUEST FOR RULES DELEGATION TO UPDATE REFERENCES RELATED TO INDIVIDUALS WITH DISABILITIES

Dennis Worsham, Department of Health provided background on 2010's HB 2490, which was really a clean-up of language as it referred to individuals with disabilities, making it less demeaning so to speak. He introduced Tami Thompson, Department of Health. Ms. Thompson indicated that there are a number of Board (5) and DOH (35) rules that need to be amended in order to align with HB 2490. These rules need to update language to use more appropriate terms (e.g. Individuals with disabilities-in place of-disabled employee). The Department has identified five Board rules that need to be updated and they are currently asking that the Board delegate authority to the Department of Health to update four of these rules. These rules are outlined under Tab 12.

Member Kutz indicated that most of the changes seem very straight forward except for the changes proposed for handicap accessibility. He asked if this would require structural changes to these ramps or if this is just a terminology change. Ms. Thompson indicated that this would just be a term change.

Motion: *Move that the Board of Health delegate rule making authority to the Department of Health to amend the following WACs so that the wording within the rule is consistent with the language required by HB 2490.*

Motion/Second: *Besserman/Yu. Approved unanimously*

13. REVIEW OF COMPLAINTS PROCEDURE

Keith Grellner, Board Chair, reminded the Board of two recent complaints. The policy and procedure is to assure consistent handling and response for future complaints against local health officials.

Michelle Davis, Executive Director, walked Board Members through the policy under Tab 13. She outlined the content of referenced policies in the document. She indicated that the policy, for example, includes an initial response time to let the complainant know that they have received the complaint, as well as a timeframe for the Board to address and respond to the complaint and what individuals must be informed of the complaint. The procedure outlines the preliminary investigation as well as the type of information that the Board may gather during the preliminary investigation.

Member Yu indicated that in practice a member with a potential conflict of interest recused themselves from action. Ms. Davis indicated that conflict of interest is covered in the bylaws. Member Yu expressed that Chair Grellner generously provided his time to investigate the complaint and asked if it will always fall to Board members with local health experience to conduct the investigation.

Ms. Davis indicated that this work would have gone to Board staff but staffing changes led to Chair Grellner conducting the work and that in the past the Department of Health has also provided staff support for an investigation.

Member Pendergrass asked for confirmation that the Board has the authority to remove a local health office, if should the authority to do so be cited. Ms. Davis indicated that the Board does have this authority and that it comes from the same RCW that gives them the authority to conduct the preliminary investigation. She asked Lilia Lopez whether additional citation is needed. Ms. Lopez indicated that the authority is cited generally at the beginning of the document, but that they could cite it again at the end of sub 4. Ms. Davis indicated that they would include this reference at the end of section 4. Member Yu asked if it should be cited instead at the end of section five.

Member Kutz asked if removal is the only option or if there are other options. Member Pendergrass directed board members to the policy, which outlines that other actions that the Board can take outside of removal. Chair Grellner indicated that removal is the ultimate authority but that they would not have to go to that extent. He indicated that this is the first step on this policy and that they can amend it in the future if needed, but that this provides them with a starting point.

Member Kutz indicated that toward the end of the policy the Board can direct the office to address the failure or hold a hearing. He expressed that in most cases you would want to provide them with a hearing in order to give them an opportunity to express their side before asking them to fix it. Ms. Lopez indicated that in some cases there may not be a need for a hearing and it could rather be more like a settlement.

Motion: *The Board adopts the proposed policy and procedure 2015-001 Responding to Complaints Against a Local Health Officer or Administrative Officer.*

Motion/Second: Kutz/ Sledge. Approved unanimously

The Board took a break at 3:05 p.m. and reconvened at 3:15 p.m.

14. BOARD MEMBER COMMENTS

Ms. Davis indicated that Dr. Lofy will be convening an expert panel to look at the blood lead screening in Washington and target strategies to youth at risk of exposure. She is seeking a Board member to sit on an expert panel to work on this issue. Member Kutz agreed to serve on that panel. Ms. Davis thanked Member Kutz for his service.

Member Pendergrass, expressed that blood lead is a long standing issue in the state of Washington and that several times they have collected data on blood lead levels and in most cases they have found that the youth with elevated levels have levels below 10ppb. He feels that this is a competing priority with other important issues like childhood vaccinations. He asked that the panel go back and look at the large data sets such as those from Group Health to look at this data because these are not common events.

Member Yu indicated that in Washington state it is not common to find a child with an elevated blood lead levels in Washington. Targeted testing is important, and she would discourage universal testing. She also urged that the panel look at all of the available data sets (e.g. Head Start) before determining which approach to take.

Member Kutz, let the Board know that at its last meeting the Governor's Interagency Council on Health Disparities approved its update report for the Governor and the Legislature and that it has been submitted review. Once approved, it will be posted to the Council's website. Recent work by the Council includes partnering with the Healthiest Next Generation initiative, promoting meaningful language access, CLAS standards, and collaborating with the Board on Health Impact Reviews.

ADJOURNMENT

Keith Grellner, Board Chair, adjourned the meeting at 3:35 p.m.

WASHINGTON STATE BOARD OF HEALTH

Keith Grellner, Chair